STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010482	A. BUILDING: _____ B. WING _____	C 07/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF LIBERTYVILLE	1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Final Observations Complaint #1613600/IL86664 Statement of Licensure Violation: 300.610a) 300.1010h) 3001210b)d)3 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies shall be followed in operating the facility. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and	S9999	**Attachment A** **Statement of Licensure Violations**	

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emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements are not met as evidenced by:

Based on interview and record review the facility failed to provide a BiPAP (Bi-level Positive Airway Pressure) machine for 3 days for a resident who had a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) and Respiratory Failure. This failure contributed in R1 being rehospitalized for COPD exacerbation and Hypercapnia (Elevated Carbon Dioxide levels). The facility failed to follow their policy and procedure for admission and preventing Neglect of a resident's care.
This applies to 1 of 3 residents (R1) reviewed for specialty care.
The findings include:
The hospital records showed R1 was hospitalized from June 8, 2016 to June 17, 2016. R1's hospital progress notes showed acute hyperbaric respiratory failure with R1 using aBipap with improvement of CO2 (Carbon Dioxide). Plan is for R1 to be released to a skilled nursing facility with improving respiratory status.
The Nurse's notes dated June 17, 2016, showed R1 was admitted from the hospital with the diagnosis of COPD exacerbation. Z2 (Physician)

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was made aware of the the admission and orders verified.
The Transition of Care report dated June 17, 2016 showed R1 was hospitalized related to shortness of breath at home, altered mental status, COPD exacerbation, and CO2 retention. The report showed R1 was being transferred to the facility and is alert and oriented and will need a Bipap at bedtime.
The Physician Order Sheets (POS) dated through June 2016 showed R1 had a diagnoses including COPD, and Acute Respiratory Failure. The POS showed R1 is to have a Bipap (settings 22/12 at 30%) on when sleeping with oxygen bleeding in at 4LPM (Liters Per Minute).
The Nurse's notes from June 17, 2016 to June 19, 2016 showed R1's Bipap was not applied at night (for 3 days Bipap was not available). There is no documentation notifying the physician of the Bipap machine not being available to R1.
The track order receipt for R1's Bipap machine dated June 20, 2016 was ordered and received (3 days after his admission).
The Nurse's note dated June 20, 2016 showed R1 refused to wear his Bipap machine. There is no documentation notifying the physician R1 refused his Bipap.
The Nurse's note dated June 21, 2016 at 1:17 PM, showed R1 had a condition change. R1 refused to eat lunch. R1 was short of breath and had difficulty breathing. His Oxygen level was at 78 percent then decreased to 74 percent. At 1:47 PM, R1's oxygen level dropped to 60 percent, 911 was called. The physician was notified at that time and R1 was sent to the hospital.
The Nurse's note dated June 22, 2016 showed R1 was admitted to the hospital with a diagnosis of COPD exacerbation and hypercapnia (carbon dioxide retention).
The Medication Administration Record dated

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through June 2016 showed R1's Bipap machine was not applied from June 17, 2016 to June 20, 2016 (Unavailable for 3 days, and refused on the 4th day).
On July 6, 2016 at 9:38 AM, Z1(Wife) said, R1 was transferred from the hospital to facility of Libertyville on a Friday (June 17, 2016) and he was suppose to have a Bipap machine at night. Z1 spoke with a nurse and was told we need to get the machine. R1 told Z1 on Sunday (June 19, 2016) that he did not have his Bipap machine yet. Z1 said she talked to two different staff members about R1 not having his Bipap machine and was told it was taken care of.
On July 5, 2016 at 11:00 AM E1 (Administrator) said, R1 was admitted on a Friday sometime after 5pm and prior to him coming the facility was not aware he needed a Bipap. The nurse who took report and the order for the Bipap "did not go any further" with the order. On Monday June 20, 2016 during a meeting we discovered R1 did not have his Bipap machine and it was ordered and received that day. I talked to the on-call nurse manager that weekend and she said she was not notified of R1 needing a Bipap. "I would expect the nurse to call the clinical phone, call me or the nurse manager and notify us the situation." Management was not notified of R1 not having his Bipap.
On July 5, 2016 at 11:17 AM, E4 (Registered Nurse-RN) said, usually admissions staff place the order for the Bipap. Staff should notify the supervisor if the equipment is not available. E4 said she took care of R1 a couple of times (between 6/17/16-6/20/16). "I remember we were waiting for the delivery" of the Bipap machine. "I was told it was ordered."
On July 5, 2016 at 11:27 AM, E3 (RN) said if resident needs equipment and we don ' t have it we can call the equipment company and order it.

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S9999	Continued From page 4 It's the nurse's responsibility to get the equipment. Staff has to call the company, follow up with the provider, and tell the manager in charge if the equipment is not available. On July 5, 2016 at 2:00 PM, E5 (RN) said, I was told R1 needed a Bipap; he did not come with one. I told the day RN to follow up with his Bipap in the morning. I came back to work the next night and he did not have his Bipap again. I asked about the Bipap, but it was not there. I passed it on and told the on-coming nurse to make sure R1 gets his Bipap. We should notify the supervisor if we don ' t have the equipment or call the medical equipment provider. R1 did not have any respiratory distress while I took care of him or any changes in his mental status. On July 5, 2016 at 2:35 PM, E6 (RN) said she took R1's telephone report from the hospital on June 17, 2016 and passed the report to the primary nurse. R1's admission orders came with him. I would notify the physician and family if the equipment was not available or if a resident refused. I would follow up with a supervisor if the equipment was not available for the resident. On July 5, 2016 at 2:40 PM, E7 (Licensed Practical Nurse-LPN) said, usually any special equipment is already ordered. I've never had to order any equipment. "I should have called the clinical line." I did not admit R1. I just knew his Bipap machine was not here. R1 was alert and oriented; he did not have any respiratory distress while I took care of him. We should notify the physician if the resident refuses and re-educate the resident. (B)	S9999		